PART B - FEE(S) TRANSMITTAL mplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE **Commissioner for Patents** SEP 2 8 2006 P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885 form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate approp maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 6449 07/03/2006 Certificate of Mailing or Transmission ROTHWELL, FIGG, ERNST & MANBECK, P.C. I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 1425 K STREET, N.W. SUITE 800 WASHINGTON, DC 20005 (Depositor's name (Signature) (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/807,342 03/24/2004 Bumman Kim TITLE OF INVENTION: DIGITAL FEEDBACK LINEARIZING APPARATUS TO LINEARIZE POWER AMPLIFIER AND METHOD USED BY THE **APPARATUS** APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$300 \$1000 10/03/2006 **EXAMINER** ART UNIT CLASS-SUBCLASS FLANAGAN, KRISTA M 2817 330-149000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Rothwell, Figg, (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Ernst & Manbeck (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no france is 1 IBERIE1 20000069 022135 10807342 listed, no name will be printed. 700.00 DA 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) W2 FC:1504 389.69 DA PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) POSTECH Foundation Pohang-city, Kyungsangbuk-do, Rep. of Korea 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.

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